

EXHIBIT B

CHEMOTHERAPY SUMMARY REPORT

Patient Name	PatientID	Patient DOB	Company Name
JOSEPH MURRAY	1352	7/4/1937	Medical Oncology
Subjective	Objective	Assessment	Plan
<u>2/28/2003</u>	HOSP		
The patient comes in with diabetes, increased insulin. He is very anxious about upcoming chemotherapy. He has continuous nausea and most importantly, diarrhea which has been unrelenting. He is still taking huge quantities of Imodium. The patient does	Temperature is 99, BP is 142/66. In general alert and oriented x 3. HEART: S1, S2. LUNGS: Clear. ABDOMEN: Soft. Positive bowel sounds. EXTREMITIES: No clubbing, cyanosis or edema. NEUROLOGIC: Cranial nerves II-XII intact.	Rectal carcinoma, Stage III.	Will restart chemotherapy 5-FU continuous infusion on Monday through Friday. After the completion of radiation therapy would continue with therapy but most importantly will try to advocate weekly chemotherapy instead of the five days in a row but this
<u>3/18/2003</u>	HOSP	DAVID R CLARKSON ONCOLOGY	
NOTE FROM XRT			
<u>3/18/2003</u>	HOSP	DAVID R CLARKSON ONCOLOGY	
			DR.KRENTEL
<u>3/25/2003</u>	HOSP		
The patient comes in today for continuation of care of his rectal cancer. He stopped radiation therapy on 03/11, which was a mutual decision between him and Dr. Crentel. The patient apparently had such bad diarrhea pain and urgency. He saw Dr. Crentel	Weight 176. Temperature 96. BP 110/50. General: alert and oriented b3. Heart: S1, S2. Abdomen: soft, nontender. Extremities: no clubbing, cyanosis or edema.	Rectal carcinoma, Stage II, with intolerable diarrhea, unable to complete course of adjuvant radiation therapy	Continue chemotherapy. Patient will return on the 31st to get 5U as an infusion. Will actually continue and plan for at least two more cycles of 5U if the patient is able to tolerate it. After the initial infusion of 5FU, may consider in the future giving him 5U
<u>4/22/2003</u>	HOSP		
The patient comes in today feeling fine without any complaints.	Weight 173, temperature 97, BP is 120/78. In general, alert and oriented x 3. Not in acute distress. HEENT: Normocephalic, atraumatic. NECK: Supple. HEART: S1, S2. LUNGS: Clear. ABDOMEN: Soft, positive bowel sounds. EXTREMITIES: No clubbing, cyanosis or edema.	1) Rectal carcinoma. 2) Soft tissue infection. Possible line infection.	Would start Keflex, get blood cultures x 2. If blood cultures are normal, then will continue just with empiric antibiotics for soft tissue infection. If line is positive, then would pull line prior to next chemotherapy planned. Chemotherapy is
<u>5/7/2003</u>	HOSP		
The patient comes in today feeling good without any complaints, eating and sleeping well. The patient	Weight 178, temperature 97, BP is 120/80. In general, alert and oriented x 3. Not in acute distress. HEART: S1, S2.	Rectal carcinoma, Stage II.	Continue chemotherapy. The patient will return May 27th for continuous infusion chemotherapy. This will

describes anxiety due to the fact that he is going on a working vacation.			consist of 5-FU. The patient will plan for three more cycles of chemotherapy. At that point the patient should be restaged.
5/27/2003	HOSP		
Patient comes in today feeling good. Patient complains about his business experiences but generally is doing well. HEENT: Negative for hearing, vision, throat problems. RESPIRATORY: Negative for cough, dyspnea, chest pain. CV: Negative for	OBSERVATION: WT 180 BP: 128/68 TEMP 98 General: Alert and oriented x3. HICKMANN CATHETER WELL POSITIONED WITHOUT INCIDENT, REDNESS DIMINISHED FROM PRIOR. PHYSICAL EXAMINATION: Well-developed, well-nourished HEENT:	Colorectal carcinoma.	CONTINUE 5FU. PATIENT WILL RECEIVE IT TOMORROW. FOLLOWUP IN 1 MONTH FOR CONTINUATION OF CHEMOTHERAPY PROTOCOL.
6/24/2003	HOSP		
Patient eating well, sleeping well. HEENT: Negative for hearing, vision, throat problems. RESPIRATORY: Negative for cough, dyspnea, chest pain. CV: Negative for palpitations, dyspnea, or angina. GI: Negative for nausea, vomiting, diarrhea,	Temperature: 99, BP: 120/70. PHYSICAL EXAMINATION: Well-developed, well-nourished HEENT: Negative. THYROID: Normal. LUNGS: Clear to auscultation. No wheezing or rhonchi. HEART: Regular rhythm and without murmurs. BREAST EXAM: Normal.	Colorectal carcinoma.	5FU infusion. This is last day of treatment for his colorectal carcinoma and patient to be restaged.
7/1/2003	HOSP		
Patient completed last cycle of chemotherapy 6 of 6, tolerated well. HEENT: Negative for hearing, vision, throat problems. RESPIRATORY: Negative for cough, dyspnea, chest pain. CV: Negative for palpitations, dyspnea, or angina. GI: Negative for	Weight 182, BP 120/64, temperature 98. PHYSICAL EXAMINATION: Well-developed, well-nourished HEENT: Negative. THYROID: Normal. LUNGS: Clear to auscultation. No wheezing or rhonchi. HEART: Regular rhythm and without murmurs. BREAST EXAM: Normal.	IMPRESSION: Rectal carcinoma completed prescribed course of 5 Fluorouracil.	PLAN: Continue supportive care and observation. Patient to have scans scheduled by his surgeon in approximately 3 months. Will see the patient thereafter.
7/15/2003	HOSP		
The patient is feeling well, and doing well with his illness. HEENT: Negative for hearing, vision, throat problems. RESPIRATORY: Negative for cough, dyspnea, chest pain. CV: Negative for palpitations, dyspnea, or angina. GI: Negative for	Weight 186, temperature 97, blood pressure is 120/60. HCT WBC PLT AGC ECOG	1. Rectal carcinoma, currently NAD.	Continue follow-up. CT scans in October.
4/1/2005	HOSP	DAVID R CLARKSON ONCOLOGY	
	COLONOSCOPY NEGATIVE		

<u>5/1/2005</u>	HOSP	DAVID R CLARKSON ONCOLOGY	
UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS	UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS	UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS	UNDERWENT HEPATECTOMY DR THOMPSON FOR REMOVAL OF LIVER METS
<u>5/24/2005</u>	HOSP	DAVID R CLARKSON ONCOLOGY	
TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT	TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT	TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT	TELEPHONIC DR THOMPSON RE POSS ADJUVANT FOLFOX/GROSHONG PLACEMENT
<u>6/1/2005</u>	HOSP	DAVID R CLARKSON ONCOLOGY	
HISTORY OF PRESENT ILLNESS	CEA 1.5	HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	CANDIDATE FOR POST HEPATECTOMY FOLFOX AND AVASTIN RX...HOLD AVASTIN 6 WEEKS...HAS INFUSAPORT...HAS RECEIVED VENOFEER FOR 4 INJECTIONS AND WILL CONTINUE W/INFED WKLY EA BUTTOCK...IF HEMOCCULTS WKLY X6 ARE POSITIVE WILL NEED REPEAT
<u>6/2/2005</u>	HOSP	Eric P Walker PA-C Oncology	
Avastin + FOLFOX 4 for metastatic and adjuvant			
<u>6/6/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 5.9 anc 4.2 hgb 9.9 hct 31.6 plt 230.	HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	06/06/05 Oxaliplatin 160mg d1, Leucovorin 380mg d1 & 2, 5FU 765mg IV bolus d1 & 2, 5FU 1150mg IVCI over 22hrs d1 & 2, Aranesp support (sl).
<u>6/13/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
LONG DISCUSSION RE TOXICITY LAST WK...DIARRHEA...?? CHANGES IN REGIMEN TO LIMIT TOXICITY NXT TIME...MENTAL OBTUNDATION W/?PHENERGAN... THE SHAKES (DEX)		HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	DSE REDUCE 25% NXT TIME DUE TO TOXIC SIDE EFFECTS...CANNOT GO BACK TO ORIG FU IN MY OPINION. CLARKSON

<u>6/20/2005</u>	SMH	Eric P Walker PA-C Oncology	
RAPID RECOVERY!!!!GO TO 25% DSE REDUCTION....Avastin + FOLFOX 4 for metastatic and adjuvant **dose reduced**	wbc 4.6 anc 3.3 hgb 11.1 hct 34.3 plt 281.	CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	6/20/05 Eloxatin 125mg, Leucovorin 300mg D1&2, 5FU 610mg D1&2, 5FU 920mg over 22hrs D1&2 (vll). PROCEED W/NXT RX...DSE REDUCE...AVASTIN NXT TIME...DISCUSS PHASE 1 TRIALS AT HIS REQUEST.
<u>6/20/2005</u>	SMH	Eric P Walker PA-C Oncology	
Avastin + FOLFOX 4 for metastatic and adjuvant **dose reduced**			
<u>6/27/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
DIARRHEA!!!!	wbc 2.7 anc 1.3 hgb 10.8 hct 34.8 plt 249.	DIARRHEA ADR/FOLFOX HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	CONT TO HOLD AVASTIN...NO CRAMPS SO WD NOT USE OCTREITIDE...ON LOMOTIL AND IMOD...ALREADY DSE REDUCE...?ELIMINATE FU..HPYLORII...CDIF ORDERED
<u>7/6/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
toler CHEMORX ONLY FAIR..lots of side effects with diarrhea after chemorx then constipn..	H PYLORII NEG...wbc 4.8 anc 3.5 hgb 11.6 hct 38.1 plt 302.	CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	RX DELAY HURRICANE PAT REQUESTS...PROCEED W/CYCLE 2 JULY 11
<u>7/11/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
ANSWERED QUESTIONS...DISCUSSED RATIONALE OF DSE REDUCTION AGAIN WITHOUT FURTHER MODIFICATION	wbc 4.6 anc 3.2 hgb 10.9 hct 35.6 plt 373.	CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	07/11/05 Oxaliplatin 125mg D1, Leucovorin 300mg d1-2, 5FU 610mg IVPB d1, 5FU920mg CIV over 22hrs. d1-2 (sl). CONTG TO HOLD AVASTIN...PROCEED W/CYCLE 3 DSE REDUCED....IF FURTHER GI TOX??PARTIAL HEPATX...CONSIDER CHANGE TO XELODA...
<u>7/25/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
FOR RX TODAY...HAS SOME IRRITATION AT PORT SITE	wbc 3.9 anc 3.0 hgb 10.6 hct 34.8 plt 183.	CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER	07/25/05 Oxaliplatin 125mg d1, Leucovorin 300mg d1 & 2, 5FU 610mg IVPB

		METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	d1 & 2, 5FU 920mg IVCI over 22hrs d1 & 2, Aranesp support (sl). HOLD KEFLEX AND CULT GROSH EXIT...LAST RX DAY THIS WEEK...2WKS
<u>8/1/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 2.9 anc 1.8 hgb 11.9 hct 37.8 plt 265.		
<u>8/8/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
TOLER DSE REDUCED CHEMO SATIS	wbc 4.4 anc 3.2 hgb 11.6 hct 37.4 plt 151.	CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	08/08/05 Oxaliplatin 125mg d1, Leucovorin 300mg d1-2, 5FU 610mg IV d1-2, 5FU 920mg IVCI over 22hrs. d1-2, Aranesp support (sl). CBC SATIS AND SXS SATIS??FOLFOX...2WKS
<u>8/15/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 3.1 anc 1.6 hgb 11.6 hct 37.7 plt 151.		
<u>8/21/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
HISTORY OF PRESENT ILLNESS	HCT 36 WBC 3.2 PLT 111	FEBRILE ILLNESS UNSPECIFIED AFTER CHEMORX HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	ADMIT FOR IVFS AND ABX.. CLARKSON
<u>8/22/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 5.1 anc 3.8 hgb 12.2 hct 38.4 plt 98.	HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	CANCEL TODAYS VISIT IN VIEW OF HOSPITALIZATION...RETURN FOR RX ONE WK IF AGC>1500...RV CBC CEA 3 WKS.
<u>8/29/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
			RESUME FOLFOX IF AGC

			>1500...RETURN 2WKS.
<u>9/12/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
SOME ABDOMINALGIA AND DIARRHEA	CEA 1.6, ferritin 27. wbc 6.9 hgb 13.1 hct 40.3 plt 194.	CHEMO MGMT...BORDER THROMBOPENIA HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	9/12/05 Oxaliplatin 125mg, Leucovorin 300mg D1&2, 5Fu 610mg D1&2, 5Fu 920mg over 22hrs D1&2. (vi). MONITOR PLT ON CHEMORX...CONTG FOLFOX...RV 2WKS...
<u>9/19/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 7.3 anc 5.5 hgb 12.1 hct 39.5 plt 151.		
<u>9/26/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
TOLER CHEMORX WELL	wbc 5.0 anc 3.8 hgb 11.8 hct 36.5 plt 160.	CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	9-26-05 Oxaliplatin 125mg, Leucovorin 300mg, 5FU 610mgIVPB,5FU 920mg CI over 22hrs,Aranesp protocol,jsa--CONTG CHEMO ..UPDATE CEA..2WKS...
<u>10/10/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
toler CHEMORX OK	wbc 4.5 anc 3.2 hgb 12.2 hct 38.2 plt 106.	MILD THROMBOPENIA--chemo mgmt HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	10/10/10 Oxaliplatin 125mg, Leucovorin 300mg d1, 5FU 610mg IVPB d1-2, 5FU 920mg IVCI over 22hrs d1-2 (sl). CONTG CHEMO MGMT FOR PLT>90 AGC>1500...ALMOST TO 6 MOS GOAL...
<u>10/17/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 3.4 anc 2.5 hgb 12.6 hct 38.7 plt 109.		
<u>10/24/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	

	wbc 5.5 anc 3.8 hgb 12.5 hct 39.6 plt 143.		10/24/05 Eloxotin 125mg, Leucovorin 300mg D1&2, 5Fu 610mg D1&2, 5Fu 920mg over 22hours D1&2 (vii).
<u>10/31/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 4.0 anc 2.6 hgb 12.8 hct 39.8 plt 135.		
<u>11/7/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 4.9 anc 3.4 hgb 12.6 hct 39.5 plt 96.		
<u>11/14/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
HELD LAST WEEK...	wbc 5.2 anc 3.9 hgb 12.6 hct 39.3 plt 127.	HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	RECOVERY/ PANCYTOPENIA AND PROCEED W/FOLFOX...
<u>11/21/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
IMPROVING AFTER DIARRHEA W/LAST RX...TWO MORE REMAIN IN THIS SERIES ON DSE DECR	wbc 5.4 anc 4.2 hgb 13.5 hct 41.6 plt 131.	CHEMO MGMT HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	IF DIARRHEA RESOLVES>>MORE RX..SAME DSE REDUCTION AS BEFORE IF SXS TOTALLY CLEAR.
<u>11/28/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
EARLY P NEUROPATHY...	wbc 6.4 anc 4.5 hgb 12.6 hct 40.8 plt 132.	CHEMO MGMT...EARLY P NEUROPATHY HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX -- IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	11-28-05Oxallplatin 125mg,Leucovorin 300mg, 5FU610mgIVP,5FU 920mgCI over 22hrs,ja==CONTG W/PENULTIMATE CHEMORX... CLARKSON
<u>12/5/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
HAVING PARESTHESIAS OF FINGERS..	wbc 3.5 anc 2.2 hgb 13.4 hct 42.0 plt 133.	CONCLUSION/ADJ CHEMO MGMT periph	CONCLUDE CHEMO ONE RX EARLY BECAUSE OF P

		NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	NEUROPATHY...WILL SEE IMMEDIATELY AFTER CT/A ON JAN 10...
<u>12/12/2005</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 4.2 anc 3.0 hgb 13.2 hct 41.7 plt 113.		
<u>1/23/2006</u>	SMH	DAVID R CLARKSON ONCOLOGY	
FORMICATION FROM CHEMORX AND P NEUROPATHYREVD RESULTS OF CT/A CT/T	CT/T NEG POST SURG CHANGES OF LIVER	NED STATUS periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	RV 3MOS CEA CMP<...NO NEURONTIN FOR NOW...REVD RESULTS NEG STAGING EVAL
<u>4/17/2006</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	CEA 1.3. wbc 7.0 hgb 14.9 hct 43.4 plt 186.		
<u>4/24/2006</u>	SMH	DAVID R CLARKSON ONCOLOGY	
DOING WELL...RECENT EXAM DR LEE THOMPSON AND CT/A SET FOR ONE MONTH....		NED/COLON CA periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	TUMOR MRKR NORMAL...EXAM NORMAL...AT ADVERSE RISK OBVIOUSLY...CONTG SURVEILLANCE...RV 3MOS CEA CMP...COPY OF CT/A REPT WHEN AVAILABLE....
<u>5/31/2006</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	CEA 2.08.	periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	

<u>7/26/2006</u>	SMH	DAVID R CLARKSON ONCOLOGY	
GOOD NEWS ON CT/A CT/P!!SURVEILLANCE...RV 4MOS TUMOR MRKR CMP...	CT/A NEG CT/P NEG	periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	GOOD NEWS ON CT/A CT/P!!SURVEILLANCE...RV 4MOS TUMOR MRKR CMP...
<u>1/8/2007</u>	SMH	DAVID R CLARKSON ONCOLOGY	
FEELS GREAT!! HAS NEW REFRIGERANT PROD COMING OUT..WRKG10 HR	CEA 2.13. wbc 8.5 hgb 15.1 hct 44.8 plt 206.	OBSERVATION periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	WANTS TO QUIT SMOKING ...NO COMPLAINTS...RV 3MOS ...UPDATE CEA.
<u>4/25/2007</u>	SMH	DAVID R CLARKSON ONCOLOGY	
NO NEW SXS...VERY BUSY...	CEA 1.90 wbc 6.4 hgb 14.8 hct 43.8 plt 205.	NED/ periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	FUTURE CT/LIVER CONTG NED STATUS AND STABLE NOR TUMOR MRKR ...RV 3MOS MRKR CMP
<u>8/1/2007</u>	SMH	DAVID R CLARKSON ONCOLOGY	
	wbc 9.4 hgb 15.1 hct 44.9 plt 228.		
<u>11/28/2007</u>	SMH	DAVID R CLARKSON ONCOLOGY	
HAS CT/LIVER PENDING IN DEC WITH CC TO MYSELF...LOST WT WITH RECENT ACUTE BRONCHITIS..CEA PENDING...TENDER IN RUQ	wbc 7.9 hgb 13.1 hct 40.8 plt 288. TENDER RUQ	TENDER RUQ periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--	CMP AND CEA PENDING ...WILL HOLD UPDATE PET UNTIL AFTER CT/LIVER ALREADY ORDERED
<u>1/30/2008</u>	SMH	DAVID R CLARKSON ONCOLOGY	
HAD RECENT NEG CT/ABDOMEN STONE DISEASE AND STONE LITHOTRIPSER...	wbc 7.5 hgb 11.6 hct 35.7 plt 278.	TOBACCO ABUSE periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP	CONTG OBSERVATION RV WITH PET CT

		ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--LT KIDNEY STONE AND BLADDER/LITHOTRIPTER	
7/30/2008	SMH	DAVID R CLARKSON ONCOLOGY	
DOING WELL RECENT COLONOSCOPY NEGATIVE/BORAK>5YR SURVEILLANCE	PET CT NORMAL	NED STATUS TOBACCO ABUSE periph NEUROPATHY--- HEPATECTOMY FOR REMOVAL OF LIVER METS-4/2005-RECTAL CA2/2003 SP ADJUVANT LV FU AND PELVIC XRT--CHEMORX --IRONDEFIC ANEMIA--PRIOR HPYLORII INFECTION--LT KIDNEY STONE	CONTG OBSERVATION; RV 6MOS UPDATED CEA AND CMP ...FUTURE CT/A SURVEILLANCE

**Infirmary
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